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# Evaluation of DICAC-RRAD's Urban Refugee Holistic Program through anti-GBV Support, Health Care and Livelihoods Program

## Final Report 2021

**Submitted to:**

**ACT FOR PEACE**

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**Affirmation**

ACTS hereby affirms the application of all Ethical standards in gathering information and the compilation of this report. The conclusions and recommendations made herewith are only based on the scope and nature of data collected. Therefore, it will not be indebted for any findings or claims made otherwise. ACTS will pass the ownership of the data and information collected in the study for any reuse or reproduction by the client, Act for Peace.

The views expressed in this report or publication are the author's alone and are not necessarily the views of the Australian Government and that of Act for Peace or any of its affiliated organizations

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### **Executive Summary**

*Act for Peace (AfP) and the Ethiopian Orthodox Church's Development and Inter-Church Aid Commission (DICAC) in partnership embarked on S/GBV livelihoods project targeting highly vulnerable and at-risk refugees through DFAT ANCP funding. To measure the effectiveness, impact and coherence of the project, AfP commissioned evaluation of the project with the objective to produce a summative evaluation report and support learning about project implementation and impact. The study used a cross-sectional descriptive method employing mixed methods of quantitative and qualitative approaches. Survey was conducted in selected 195 households in Addis Ababa. Data collected was analyzed using both quantitative and qualitative methods. Key Findings were summarized as follows.*

**Findings** – *as regards to psycho-social support, counseling, one-time financial assistance, sanitary and hygienic materials, medical consultations, awareness raising workshop on RH/FP and HIV prevention, it was found to be life changing interventions and this proved that the intervention logic is valid. Furthermore, counseling when accompanied with other services has brought desirable and positive change in the life of those affected, S/GBV survivors. The logic is that counseling alone cannot bring change. Rather, it has to be followed by a range of services and effective cases follow up. Results of the evaluation study revealed that counseling services; supply of supplementary diet assistance; supply of sanitary, hygienic and cleaning materials; medical consultations, treatment, diagnosis and follow up have brought a positive and desirable changes in the life of the project participants. To this end, 94 percent of the project participants witnessed that they are satisfied with the counseling services as it shaped their life positively; another 94 percent of the project participants agreed that supply of supplementary diet assistance contributed towards meeting their dietary needs and improved health. Furthermore, more than 95 percent of the project participants have developed confidence as a result of supply of sanitary, hygienic and cleaning materials and more than 90 percent of the respondents agreed that because of medical consultations, treatment, and diagnosis and follow up with doctors in public hospitals their health conditions improved well and are feeling happy.*

*On the other hand about 95 percent of the respondents agreed that because of the intervention, they improved their knowledge about HIV prevention counseling and information and as a result they gained new skill as to how to protect themselves well in the future. However, transportation to & from counseling sessions and one-time emergency financial support seem to be not adequate. Possible reasons for this could be external factors such as inflation and very expensive living cost. Results from interview and FGD was consistent to the above*

*result that refugees were highly challenged by the ever growing inflation and increasing living cost in the country that many families (including nationals) with low household income are exposed to hardships and constrained them highly to cope with the situation.*

*Level of knowledge of project participants assessed in four areas such as S/GBV; HIV; RH/FP and gender and women's right showed desirable results. Evaluation results in this regard disclosed that awareness raising workshop on SGBV prevention was found to be very helpful in improving knowledge and awareness on SGBV (70 percent); awareness raising workshop on basic concepts of HIV prevention was very helpful in improving knowledge and awareness on basic HIV concepts (70 percent); awareness raising workshop on reproductive health/Family Planning was also very helpful in improving knowledge and awareness on reproductive health/Family Planning (70 percent); training on gender issues and women's right has also been very helpful (about 70 percent). This means that training on S/GBV, HIV, RH/FP and gender issues and women's right helped the project participants develop solid understanding on the topics covered. That further helps project participants develop skills as to how to protect themselves from violence and contracting HIV; make right/informed decisions in the use of FP and exercise their rights in terms of gender related discrimination, gendered roles and claiming basic human rights.*

*Vocational skill training program which was described by some experts as a unique intervention in context, aimed at improving livelihoods of the urban refugees. The evaluation study identified that most refugees have demonstrated motivation to pursue vocational skill training and they gained marketable skill to earn, save and improve livelihood. Hair dressing and food preparation is most preferred areas of business where most refugees used to engage followed by tailoring and fashion design which few of them trying to engage. Those who engaged in food preparation argued that getting raw materials for food preparation is easy and also get customers easily; while those with tailoring and fashion design complained that raw materials are expensive. Refugees have developed strong adaptability skills and demonstrated creativity in pursuing small/petty business. While some have been enrolled into project sponsored entrepreneurship activities, others have also been engaged in informal business by their own. However, some of them (those engaged in informal petty business by their own and not sponsored by the project) were not successful since they don't have work permit and such endeavor is also considered by tax authorities as illegal business. Others also consumed the money they used to run the business as life become very expensive and quit from business. There is an emerging need in the vocational skill training to diversify skill areas in addition to those running currently. Skill areas in woodwork, plumber and auto mechanics were suggested for further consideration. Establishing enterprises and running business has become challenging (also considered a risk nowadays) due to inflation and cost of house rent.*

*In relation to business establishment, getting work permit and business license seems not only challenging but also unlikely. However, there is a glimmer of hope from RRS that refugees can form an entrepreneurship group together with one or two Ethiopian nationals. Many refugees are skeptical about this flashing back to past experience that some refugees have lost business in this regard. That is, there is fear from refugees' side that as business grows nationals may overthrow refugees and abuse enterprise where refugees may lack power to manage or negotiate the case. Additionally, it must be acknowledged that business establishment in Addis Ababa is not a primary objective of the vocational training activities which are focused on building confidence and networks of refugees, as well as capacity for future livelihoods whether that is in Addis Ababa, a third country of resettlement, or the refugees' home country if they choose to return.*

*From project cycle perspective, it is not clear whether the project strictly followed a project cycle approach in terms of entry and exit of project participants. As far as protection is concerned, the study revealed that the practice of home visit and strengthening protection mechanisms helps refugees develop sense of belongingness, increases feeling of safety and security, build confidence in the program and DICAC. Thus, the project as a result of its different interventions empowered project beneficiaries and aided them develops self-confidence. Empowerment basically comprises peoples' freedom and liberty to make decision and access to social, educational, economic, political and psychological services and opportunities. Developing sense of self-worth; right to have and to determine choices; right to have access to opportunities and resources and right to access to information are also considered pillars of empowerment. In the light of the above statements, it can be said that the DICAC – SGB project provided the right basis for refugees in the areas of livelihood (vocational skill training and supply of business startup kits) and a one-time financial assistance which could be an element of economic empowerment; supply of psychosocial support (mainly counseling) and medical treatment a kind of social and psychological empowerment; and different trainings that ensures refugees' access to information and an element of educational empowerment.*

**Conclusions** - *from the perspective of meeting the need of the target groups; service delivery/provision, coverage and accessibility, the intervention delivered the envisaged services up to the required level and standards. Vulnerable and at-risk groups of the refugees like S/GBV survivors, PwD and others with different types of complications have benefited from health, livelihoods and psycho-social support services by a qualified personnel/staff in institutions arranged for such services. Service providing institutions, stakeholders and logistics are arranged in a systematic manner and efforts to minimize stress from service seekers have been made. Specifically, counseling, one-time financial assistance, vocational skill training and supply of business start-up materials; medical consultation and follow up, supply of supplementary diet were found to have a profound and positive effect in the life of the vulnerable and at risk groups. Particularly, the cyclic approach that starts with counseling (15 sessions) and pass through a distinct phases such as follow up of progress of cases; enrolment in to vocational skill training program (also venue for socialization, communication and networking); graduation from training and start job/business has been worth model to cultivate further. Counseling was very significant intervention for those coming from camp with trauma.*

*Results from study confirmed that continuous counseling helped survivors improve their life/health status and livelihood as they join vocational skill training when their health condition is improved. A one-time financial assistance, supply of sanitary kits and cleaning materials, medical treatment, and nutritional support reduced anxieties among refugees. Generally, assessment clearly revealed that as a result of the diverse support from the project beneficiaries showed improvement in thoughts, emotions, behavior and able to develop wider social networks (relationships); able to establish and build positive relationships with others, developed self-esteem, and feel autonomous, developed a feeling of hope and meaning in life, and aspire for personal growth and development. Getting work permit to those who are waiting to start business has been main constraint, although government and stakeholders are working towards addressing the problem. Despite unprecedented efforts from DICAC and partners, however, refugees were struggling to cope with the ever increasing inflation which made living so expensive day to day and house rent which also tempting many of the refugees. Overall, design of the project and the intervention logic is valid and worth expanding.*

**Recommendations** - *results of evaluation study necessitate the need for expansion of the project if further funds can be found. Since number of vulnerable people is increasing and need for diversifying skill areas is emerging, it is necessary to enroll more vulnerable people like PwDs, S/GBV survivors, female and child headed*

*families and elderly with some disease complications. Moreover, the need for capacity building, monitoring and evaluation remains vital to improve service quality, such as through training in the areas of project cycle management and monitoring and evaluation that boosts capability of staff in fund raising and resource mobilization which eventually contributes towards institutional capacity building. It is worth to support the project through developing a capacity building plan informed by capacity gap assessment results (using organizational capacity assessment tool, OCAT). To this effect, it is commendable to assist DICAC establish a robust capacity building plan, and a strengthened monitoring and evaluation system (may include designated M&E officer, M&E handbook, designing/customizing routine and periodic data collection and reporting tools, creating data base; generating periodic reports for different consumptions especially for informed decisions, etc.). The capacity building system/plan is to continuously strengthen staff (technical) as well as institutional capacity of the organization so that DICAC-RRAD delivers its services effectively and efficiently.*

*Refugees graduating from TVET couldn't start business because they don't have work permit. Therefore, it is commendable to explore venue/opportunity further with RRS (since AARA is already considering work permit for refugees) and help refugees embark on business. There has to be proper precaution and procedure that refugees may not be abused in their business endeavours simply because they are outsiders. Refugees who graduate from services (in other words who by a given criteria finish time in urban settings) need to leave to appropriate destinations by means of further referral system (health referrals to abroad), repatriation, camp or resettlement to a third country so that other needy and vulnerable refugees who seek similar service can get chance. Therefore, entry and exit strategy or policy needs to be strictly applied or reinforced if available. It is recommended that language barriers, dropout problems and inclusion of PwDs in training need to be addressed by working together with the training institutions as to how to mitigate language barriers in class rooms. DICAC need to address problems related to drop out. Partnership and coordination regarding the project is at the policy/national level.*

*While refugees live with the communities at the grass roots level it is crucial to building networking relationships with local structures like CSOs, CBOs, FBO and government offices that are working on delivery of information at community level. Moreover, presence of shelter (or safe house) for vulnerable survivors is commendable. However, there is only one compound where men and women live altogether. It is suggested that compounds for men and women need to be separate. If renting a separate compound is not feasible, existing compound could be separated to men and women compound using a partition system so that challenges related to cost could be avoided. RRS, UNHCR, AfP and other concerned stakeholders need to respond to the shock that market/inflation is imposing against refugees as this heightens further vulnerability which worsens and complicates life of refugees. Strictly speaking, house rent and increased living cost were heavy shock that is prevailing in the country*

**Remainder of the evaluation has been removed as it contains sensitive program information**

